

Safety Defect and Noncompliance Report Guide for Vehicles  
**PART 573 Defect and Noncompliance Responsibility and Reports<sup>1</sup>**

**On July 30, 2008 the Ricon Corporation decided that a defect which relates to motor vehicle safety exists in the motor vehicles with certain equipment installed listed below, and is furnishing notification to the National Highway Traffic Safety Administration in accordance with 49 CFR Part 573 Defect and Noncompliance Responsibility and Reports.**

Date this report was prepared: 6/9/10

Furnish the manufacturer's identification code for this recall (if applicable): 08E-046

1. Identify the full corporate name of the fabricating manufacturer of the vehicle being recalled. If the recalled vehicle is imported, provide the name and mailing address of the designated agent as prescribed by 49 U.S.C. §30164.

Alterer- Access Options, Inc.  
109 Lee Road, Suite 0 Watsonville, CA 95037

Identify the corporate official, by name and title, whom the agency should contact with respect to this recall.

Melinda Roth, Manager

Telephone Number: 831-722-6804 Fax No.: 831-722-0236

Name and Title of Person who prepared this report.

Melinda Roth  
Manager

Signed:

Melinda Roth

<sup>1</sup> Each manufacturer must furnish a report, to the Associate Administrator for Enforcement, for each defect or noncompliance condition which relates to motor vehicle safety.

**I. Identify the Vehicle Models Involved in the Recall**

**2. Identify the Vehicles Involved in the Recall, for each make and model or applicable vehicle line (provide illustrations or photographs as necessary to describe the vehicle), provide:**

Make(s): Ford Model Years Involved: 07 Model(s): E-350

Production Dates: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

VIN Range: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

Vehicle Type: Van Bodystyle: Full size van

**Descriptive information which characterizes/distinguishes the recalled vehicles from those model vehicles not included in the recall:**

\_\_\_\_\_  
\_\_\_\_\_

Make(s): \_\_\_\_\_ Model Years Involved: \_\_\_\_\_ Model(s): \_\_\_\_\_

Production Dates: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

VIN Range: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

Vehicle Type: \_\_\_\_\_ Bodystyle: \_\_\_\_\_

**Descriptive information which characterizes/distinguishes the recalled vehicles from those model vehicles not included in the recall:**

\_\_\_\_\_  
\_\_\_\_\_

Make(s): \_\_\_\_\_ Model Years Involved: \_\_\_\_\_ Model(s): \_\_\_\_\_

Production Dates: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

VIN Range: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

Vehicle Type: \_\_\_\_\_ Bodystyle: \_\_\_\_\_

**Descriptive information which characterizes/distinguishes the recalled vehicles from those model vehicles not included in the recall:**

\_\_\_\_\_  
\_\_\_\_\_

**Identify the approximate percentage of the production of all the recalled models manufactured by your company between the inclusive dates of manufacture provided above, that the recalled model population represents. For example, if the recall involved Vehicles equipped with certain items of equipment from January 1, 1996 through April 1, 1997, then what was the percentage of the recalled Vehicles of all Vehicles manufactured during that time period.**

**I. Identify the Vehicle Models Involved in the Recall**

**2. Identify the Vehicles Involved in the Recall, for each make and model or applicable vehicle line (provide illustrations or photographs as necessary to describe the vehicle), provide:**

Make(s): Ford Model Years Involved: 00 Model(s): E-150

Production Dates: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

VIN Range: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

Vehicle Type: van Bodystyle: Full size van

**Descriptive information which characterizes/distinguishes the recalled vehicles from those model vehicles not included in the recall:**

Make(s): Toyota Model Years Involved: 06 Model(s): Sienna

Production Dates: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

VIN Range: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

Vehicle Type: van Bodystyle: mini van

**Descriptive information which characterizes/distinguishes the recalled vehicles from those model vehicles not included in the recall:**

Make(s): Dodge Model Years Involved: 00 Model(s): Grand caravan

Production Dates: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

VIN Range: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

Vehicle Type: van Bodystyle: mini van

**Descriptive information which characterizes/distinguishes the recalled vehicles from those model vehicles not included in the recall:**

**Identify the approximate percentage of the production of all the recalled models manufactured by your company between the inclusive dates of manufacture provided above, that the recalled model population represents. For example, if the recall involved Vehicles equipped with certain items of equipment from January 1, 1996 through April 1, 1997, then what was the percentage of the recalled Vehicles of all Vehicles manufactured during that time period.**

## II. Identify the Recall Population

3. Furnish the total number of vehicles recalled potentially containing the defect or noncompliance.

<u>Model</u>	<u>Year</u>	<u>Number of Vehicles Potentially Involved</u>
Ford E-350	07	1
Ford E-150	00	1
Toyota Sienna	06	1
Dodge Grand Caravan	00	1

Total Number Potentially Affected by the Recall:

4

4. Furnish the approximate percentage of the total number of vehicles estimated to actually contain the defect or noncompliance: 50%

**Identify and describe how the recall population was determined--in particular how the recalled models were selected and the basis for the beginning and final dates of manufacture of the recalled vehicles:**

The recall population includes any and all vehicles with potentially defective Ricon six way power seat bases installed. The potentially defective Ricon six way power seat bases were manufactured by the Ricon Corporation between January 1, 2006 and May 14, 2007.

### III. Describe the Defect or Noncompliance

**5. Describe the defect or noncompliance. The description should address the nature and physical location of the defect or noncompliance. Illustrations should be provided as appropriate.**

The potentially defective Ricon six way power seat bases may have a defective (cold) weld on the pivot pin which is welded to the swivel plate. The weld could fail.

**Describe the cause(s) of the defect or noncompliance condition.**

A poor (cold) weld.

**Describe the consequence(s) of the defect or noncompliance condition.**

The occupant, seated in a seat attached to the Ricon six way power seat base swivel plate, may fall off the seat.

**Identify any warning which can (a) precede or (b) occur.**

The seat may appear crooked or out of vertical alignment.

**If the defect or noncompliance is in a component or assembly purchased from a supplier, identify the supplier by corporate name and address.**

Vantage Mobility International (Distributor)

5202 S. 28<sup>th</sup> Place, Phoenix, AZ 85040

The Ricon Corporation (Manufacturer)

7900 Nelson Road, Panorama City, CA 91402

**Identify the name and title of the chief executive officer or knowledgeable representative of the supplier:**

David Eaton – Vice President Technical Services, Vantage Mobility International

Oscar Pardinás – Vice President Sales and Marketing, Ricon Corporation

**IV. Provide the Chronology in Determining the Defect/Noncompliance**

*If the recall is for a defect, complete item 6, otherwise item 7.*

**6. With respect to a defect, furnish a chronological summary (including dates) of all the principle events that were the basis for the determination of the defect. The summary should include, but not be limited to, the number of reports, accidents, injuries, fatalities, and warranty claims.**

**7. With respect to a noncompliance, identify and provide the test results or other data (in chronological order and including dates) on which the noncompliance was determined.**

March 2006 – Ricon received notification from their European staff of a failure – No injury.

April 2006 – Ricon received notification of a domestic failure from Lift Aids of Fort Worth, TX -

No injury. Between May 2006 and October 2006 Ricon inspected and found no problems in 35

Bases, repaired 78 questionable bases and scrapped 13 bases.

---

**V. Identify the Remedy**

**8. A description of the manufacturer's program for remedying the defect or noncompliance. This program shall include a plan for reimbursing an owner or purchaser who incurred costs to obtain a remedy for the problem addressed by the recall within a reasonable time in advance of the manufacturer's notification of owners, purchasers and dealers, in accordance with §573.13 of this part. A manufacturer's plan may incorporate by reference a general reimbursement plan it previously submitted to NHTSA, together with information specific to the individual recall. Information required by §573.13 that is not in a general reimbursement plan shall be submitted in the manufacturer's report to NHTSA under this section. If a manufacturer submits one or more general reimbursement plans, the manufacturer shall update each plan every two years, in accordance with §573.13. The manufacturer's remedy program and reimbursement plans will be available for inspection by the public at NHTSA headquarters.**

In the event a defective component is detected the installing dealer will contact Vantage Mobility

International to obtain the replacement part. The replacement part will be shipped FOB Ricon

Corporation within 2 business days. VMI will authorize labor reimbursement of \$75 for each retrofit.

---

---

---

---

---

---

**9. Furnish a description of the manufacturer's remedy for the defect or noncompliance. Clearly describe the differences between the recall condition and the remedy.**

Inspect swivel plate weldment per Ricon Service Bulletin RSB105.A (attached). Replace swivel plate as necessary.

**Clearly describe the distinguishing characteristics of the remedy component/assembly versus the recalled component/assembly.**

The replacement parts can be distinguished from the recall components by the reduced number of components. The recalled weldment consists of a pin, a bushing and a swivel plate. The new components consist of a pin and a swivel plate only.

**Identify and describe how and when the recall condition was corrected in production. If the production remedy was identical to the recall remedy in the field, so state. If the product was discontinued, so state.**

The recall condition was corrected by Ricon in their manufacture of seat bases built after May 14, 2007.

#### **VI. Identify the Recall Schedule**

**10. Furnish a schedule or agenda (with specific dates) for notification to other manufacturers, dealers/retailers, and purchasers. Please, identify any foreseeable problems with implementing the recall.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **VII. Furnish Recall Communications**

**11. Furnish a final copy of all notices, bulletins, and other communications that relate directly to the defect or noncompliance and which are sent to more than one manufacturer, distributor, or purchaser. This includes all communications (including both original and follow-up) concerning this recall from the time your company determines the defect or noncompliance condition on, not just the initial notification. A DRAFT copy of the notification documents should be submitted to this office by Fax (202-366-7882) or by E-Mail to [RMD.ODI@dot.gov](mailto:RMD.ODI@dot.gov) for review prior to mailing.**

**Note that these documents are to be submitted separately from those provided in accordance with Part 579.5 requirements.**



**Adaptive  
Driving  
Systems S.L.O., Inc.**

## **Safety Recall Notice**

Dear Valued Customer:

This notice is sent to you in accordance with the requirements of the National Traffic and Motor Vehicle Safety Act.

The Ricon Corporation, a manufacturer of 6-way power transfer seat base, has decided that a defect which relates to motor vehicle safety may exist in your vehicle in which a Ricon 6-way seat base was installed.

### **Important**

- Your vehicle in which a Ricon 6-way power transfer seat base was installed is being recalled.
- You should contact Adaptive Driving Systems or your nearest VMI/Ricon dealer as soon as possible to have your Ricon seat base inspected.

**Why is a recall being conducted?** There is the possibility of a poor (cold) weld in the seat base at the joint between the pivoting plate and the swivel plate pin. This situation could cause personal injury.

**What are we doing about the problem?** If the swivel plate weld in your Ricon seat base is found to be defective Adaptive Driving Systems will replace the swivel plate at no charge to you.

**What should you do?** Contact Adaptive Driving Systems as soon as possible to set up an appointment to have your seat base inspected. The inspection will only take a few minutes. If the swivel plate in your seat base is found to be defective it will be replaced at no cost to you.

**What if I no longer own this Ricon 6-way power seat base?** If you no longer own the seat base and/or the vehicle with the seat base installed please contact Adaptive Driving Systems to notify of the name of the new owner so that we may contact them.

**Who should you contact if you have further questions or concerns?** Contact Adaptive Driving Systems at 805-549-7996 or toll-free at 1-877-747-4035 should you have any questions or concerns.

If after attempting to have your vehicle repaired you believe you have not been able to have your vehicle remediated without charge and within a reasonable amount of time, you may submit a complaint to the Administrator, National Highway Traffic Safety Administration, 1200 New Jersey Ave., S.E., Washington, D.C., 20590; or call the toll-free Vehicle Safety Hotline at 1-888-327-4236 (TTY: 1-800-424-9153); or go to <http://www.safercar.gov>.

We apologize for any inconvenience this safety recall may cause, but your safety is our main concern.

Sincerely,  
Adaptive Driving Systems  
3548 Empleo St.  
San Luis Obispo, Ca 93401  
805-549-7996





3548 Empires Street • San Luis Obispo, California 93401-7333

**SAFETY RECALL NOTICE**

Customer Name  
Street Address  
City, State Zip Code